

[illegible]

Patient Name, #, or DOB  
or  
Attach Patient Label Here

Date: \_\_\_\_\_

Labs

Assessment

Plan

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Referrals

Education

Return to Clinic: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Notes

**PATIENT VISIT RECORD (DHHS 4059)**

This form can to be used for preventive or problem visits.

|                   |  |
|-------------------|--|
| PATIENT LABEL     | Attach in this space the computer generated identification label or emboss in this space the information imprinted on the patient's plastic identification card. When a plastic card or label is not available, manually record the patient's name (last name, first name and middle initial), identification number, date of birth (MM-DD-YYYY), race, ethnicity, gender, and county of residence.  |
| VITAL SIGNS GRID  | Document vital signs, etc., as indicated in this grid.   |
| CHIEF COMPLAINT   | Document chief complaint in the space following cc:  |
| SUBJECTIVE DATA   | Document history and other subjective information obtained from the patient in the space provided. The person taking the history should sign in the space provided using the legal signature and credentials.  |
| REVIEW OF SYSTEMS | Check (√) the box by the system if the system is within normal limits. Be sure to document pertinent negatives for the affected or related systems. Leave box blank and describe any exceptions or abnormalities on line provided.   |
| EXAMINATION       | Document results of the physical examination in the space provided. Check (√) the box by the system if the system statement is accurate for the exam of that system. If the statement is partially accurate, check (√) the box and describe the exceptions, abnormalities on the line provided. If the statement is inaccurate, leave the box blank and describe on the line provided. If system is not examined, leave the box and line blank. The person performing the examination should sign in the space provided using the legal signature and credentials. |
| LABS              | Document any labs done prior to or during the visit and their results in the space provided. Also document labs ordered.   |
| ASSESSMENT        | Document the assessment or diagnosis in the space provided.  |
| PLAN              | Document the plan in the space provided.   |
| REFERRALS         | Document as appropriate.   |
| EDUCATION         | Document patient education in the space provided.  |
| SIGNATURE         | The provider of the exam, assessment and plan should sign again on this side of the form using the legal signature and credentials.  |
| FOLLOW-UP/NOTES   | Document date of any additional notes or follow-up information pertinent to this visit in the space provided followed by the legal signature and credentials of the person documenting this information.   |